

SHREWSBURY SPECIAL NEEDS PROGRAM

VOLUNTEER APPLICATION



See other page for program details.

All completed registration forms need to be received by June 1st. Please mail or drop off to:

Shrewsbury Parks & Recreation, 100 Maple Ave (508)841-8503

volunteer

Registration Information (Please Print)

I am registering for the following, please circle one: Bocce Golf Softball Soccer Basketball Track

I am volunteering to be, please circle one: partner coach

Primary Guardian, if under 18:: _____ E-mail: _____

Volunteer's Name: _____ Date of Birth: _____

Address: _____ Town: _____ Zip: _____

My partner's name is (for golf or bocce , if applicable) _____

Home Phone: _____ Cell Phone (emergency use only): _____

Emergency Contact: _____ Phone: _____

Special Needs/Allergies or Medical Concerns: _____

Waiver: Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved, that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent hereby consents to medical treatment for children listed above in the event of illness or injury. Please list any medical/allergies/special needs that the staff should be aware of to make your participation a success. The Recreation Department/Special Needs Program and/or press will take pictures & video on occasion of participants for publicity purposes and for local cable. If you do not want to have your child photographed let us know. I understand the rules/policies stated above and agree to follow them accordingly. I understand there are no refunds. If a participant does not follow the rules or guidelines when registering for a program then he/she will not be allowed to participate in that activity. I also give permission to attend, travel and stay overnight at UMASS, Amherst for the summer games if applicable.

Participant or Guardian Signature: _____ Date: _____